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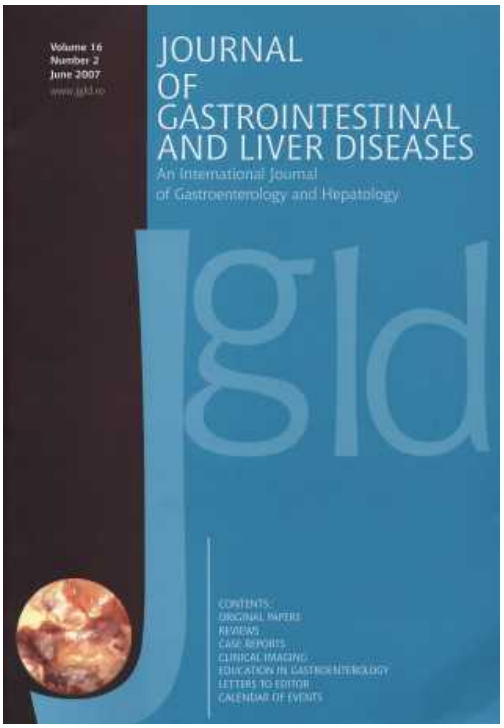

Correlations of proliferation markers, p53 expression and histological findings in colorectal carcinoma.

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To investigate the expression of PCNA, Ki-67 and p53 antibodies in colorectal carcinomas and to establish the relationship between these markers and some particular histological findings of colorectal carcinomas.MATERIAL AND METHODS. We determined immunohistochemically the expression of PCNA, Ki-67 and p53 antibodies in 41 cases of colorectal carcinomas. RESULTS. In adenocarcinomas, the tumor proliferative activity, detected with PCNA and Ki-67 antibodies, increased with the histological grade. Mucinous adenocarcinomas had a mean PCNA LI of 50% and a mean Ki-67 LI of 32%, while signet ring carcinomas had a mean PCNA LI of 70% and a mean Ki-67 LI of 45%. The proliferative activity in the foci of squamous metaplasia was lower than the proliferative activity of malignant areas in the analyzed adenocarcinomas. The p53 overexpression was detected in 24 cases (58.53%). In adenocarcinomas, the p53 positive rate increased with the dedifferentiation of these tumours. Only 16.66% of the cases of carcinomas with mucus secreting cells overexpressed p53, while adenocarcinomas overexpressed this protein in many more cases (65.71% of the cases). The overexpression of p53 was associated with the highest PCNA and Ki-67 LI. CONCLUSIONS. The foci of squamous metaplasia, present in colorectal adeno-carcinomas, do not seem to influence the increase of the tumours. The p53 overexpression was associated with nonmucinos colorectal carcinomas and with the histological grade of colorectal adenocarcinomas. The p53 over expression tended to be more frequent in colorectal carcinomas with high proliferative activity.

Banding hemorrhoids using the O'Regan disposable bander. Single center experience.

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Hemorrhoids are the most common anorectal disorder in the Western World and are a major cause of active, relapsing or chronic rectal bleeding. Many treatment options have been proposed and tried for early-stage hemorrhoids. There is general agreement that rubber banding ligation (RBL) is safe and effective. AIMS. To evaluate the effectiveness and complications associated with RBL performed in outpatients for symptomatic hemorrhoids using the O'Regan Disposable Bander device. RESULTS. Sixty consecutive patients underwent hemorrhoid banding with the O'Regan Disposable Bander.The mean time required for one session was 6.2 min; the longest was 10 min. No major complications were noted. Minor early and late bleeding was reported in 10% and 6.7% respectively, but none was severe. Pain occurred in 6.7% but was not severe. In all cases, clinical and endoscopic (range and form scores) improvement was observed and patients of all ages, including the elderly, were found to be tolerant to the procedure. CONCLUSION. RBL performed in outpatients for symptomatic hemorrhoids using the O'Regan Disposable Bander device is associated with a good response and low complication rate. We recommend the technique as a safe and reliable treatment option.

Gastrointestinal stromal tumors: retrospective analysis of the computer-tomographic aspects.

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PURPOSE. To describe the computer-tomographic (CT) aspects of gastrointestinal stromal tumors (GISTs) in correlation to their histology.MATERIAL AND METHODS.The medical records of all patients at our hospital with a histologic diagnosis of GIST between January 2002 and June 2006, and investigated before surgery by CT, were reviewed. Two radiologists with knowledge of the diagnosis reviewed the CT findings. RESULTS. Amongst 15 cases of GISTs, 9 cases involved the stomach and 4 cases the small intestine. Location of the primary tumor could not be determined for 2 of 15 tumors, because of the presence of extensive peritoneal metastases. Most primary tumors were predominantly extraluminal (13 cases) while two were clearly endoluminal. The mean diameter of the primary tumor was 8 cm. The tumor margin was well defined in 12 patients and irregular in 3 cases. Central fluid attenuation was present in 11 tumors, while central gas was seen in two cases. Metastases were seen in 2 cases at presentation and in another 2 patients during follow-up. Spread was exclusive to the liver or peritoneum. Visceral obstruction was absent even in extensive peritoneal metastatic disease. Ascites was an unusual finding. CONCLUSIONS. CT plays an important role not only in the detection and the localization but also in the evaluation of the extension and follow-up of theses tumors. Using only CT aspects, we can only suspect the diagnosis to GISTs. Often other soft-tissue tumors with gastrointestinal involvement can mimic GISTs. In all cases histological diagnosis is essential.

Chromoendoscopy with indigo carmine in flexible sigmoidoscopy screening: does it improve the detection of adenomas in the distal colon and rectum?

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The aim of our study was to determine whether chromoendoscopy with indigo carmine significantly improves the detection of adenomas in the distal colon and rectum and therefore could become routine in flexible sigmoidoscopy screening. METHODS. Between 2001- 2003, two sigmoidoscopies, the first conventional, the second with chromoendoscopy, were performed in a „back-to-back" design by two experienced endoscopists in a series of 55 patients. All lesions were classified with regard to position and size before and after staining, then endoscopically removed and referred to two experienced pathologists. RESULTS. 55 patients, mean age 60 ± 9.8 (42-79) years, 34 (61.8%) men and 21 (38.2%) women were enrolled. After staining, 47 patients had 373 visible lesions, 306 (82%) < 3mm, 47 (12.6%) 3- 5 mm and 20 (5.4%) > 5 mm. Histologically, 215 (57.7%) were hyperplastic polyps, 27 (7.2%) adenomas and 131 (35.1%) other lesions. With chromoendoscopy, in 17 of the 47 patients (36.2%) 27 adenomas (15 ≤ 5 mm and 12 > 5 mm) were detected. Chromoendoscopy significantly improved the detection of adenomas ≤ 5 mm (p<0.01). Regarding the detection of adenomas larger than 5 mm, there was no significant difference between conventional sigmoidoscopy and chromoendoscopy. The chi-square test was performed for comparisons between the number of lesions detected by standard sigmoidoscopy and chromoendoscopy. CONCLUSIONS. Chromoendoscopy with indigo carmine allows the detection of significantly more adenomas ≤ 5 mm in the distal colon and rectum. Thus, flexible sigmoidoscopy with routine chromoendoscopy could become an option in colorectal cancer screening when colonoscopy is unavailable or not accepted by the patient.